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Effective on 12/08/2004.					mplete if Known							
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL			Application Number 1		10/589,902-Conf. #2324							
			Filing Date A		August 17, 2006							
For FY 2009			First Named In	ventor	Takaji WAKITA							
FO!	Examiner Name Z		Z. Lucas									
Applicant claims sm	Art Unit		1648									
TOTAL AMOUNT OF PAYN	Attorney Docke	t No.	1254-0321PUS1									
METHOD OF PAYMENT (check all that apply)												
Check Credit Card Money Order None Other (please identify):												
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP												
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)												
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee												
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17												
FEE CALCULATION												
1. BASIC FILING, SEARCH, AND EXAMINATION FEES												
	FILI		ARCH FEES	EXAMIN	IATION FEES							
Application Type	Fee (\$)	Small Entity Fee (\$) Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	Paid (\$)					
Utility	330	165 540	270	220	110							
Design	220	110 100	50	140	70							
Plant	220	110 330	165	170	85	***************************************	·					
Reissue	330	165 540	270	650	325	<del> </del>						
Provisional	220	110 0	0	0	0	<del></del>						
2. EXCESS CLAIM FEES						**************************************	Small Entity					
Fee Description Each claim over 20 (inclu	iding Reissues	s)				<u>Fee (\$)</u> 52	Fee (\$) 26					
Each independent claim of	_					220	110					
Multiple dependent claim	S					390	195					
	xtra Claims	Fee (\$) Fe	ee Paid (\$)	<u>M</u> 1	ultiple Dependent Claims							
39 - <sup>26</sup> or HP		52.00 =	676.00	<u>Fee</u>	ee (\$) Fee Paid (\$)							
HP = highest number of total c	·	greater than 20.		390	<u> </u>	390.00						
	xtra Claims		ee Paid (\$)									
5 - 5 or HP =		220.00 =	0.00									
HP = highest number of indepe	·	u for, ii greater than 3.										
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).												
	Extra Sheets	Number of each a	• •			Fee F	Paid (\$)					
	——————————————————————————————————————	/50 =	(round up to a who	ole number) >	· =	<del></del>						
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)												
Other (e.g., late filing surcharge):												
SUBMITTED BY	A CONTRACTOR OF THE CONTRACTOR											
Signature	Salar Sa	notes (in	Registration No. (Attorney/Agent)	47,604	Telephone	(858) 792	2-8855					
Name (Print/Type) Susan V	V. Gorman		v marriagingong		Date	July 1, 2						
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AME	Docket No. 1254-0321PUS1										
Application No.		Filing			Examiner		Art Unit				
10/589,902-Conf. #2324		August 1	7, 2006		Z. Lucas		1648				
Applicant(s): Tak	aji WAKITA et	al.					** · · · · · · · · · · · · · · · · · ·				
Invention: HEPA1 CELLS	EIC ACID CON FITIS C VIRUS HAVING THE OD OF PRODU	, RECOMBINA NUCLEIC AC	ANT FULLLE	NGTH UCT T	VIRUS GENO RANSFERRE	ME-REF	PLICATING				
MS Amendment Commissioner for P.O. Box 1450 Alexandria, VA 223 Transmitted here	313-1450	ndment in the	above-identif	ïed ap	plication.						
The fee has been calculated and is transmitted as shown below.											
CLAIMS AS AMENDED											
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present		Rate						
Total Claims	39	- 26 =	13	Х	52.00	<del> </del>	676.00				
Independent Claims	5	- 5 =	0	X	220.00		0.00				
Multiple Dependent Claims (check if applicable)							390.00				
Other fee (pleas	e specify):										
TOTAL ADDITI	TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:										
x Large Entity					Small Entity						
No additiona	I fee is require	d for this amer	ndment.								
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A check in th	e amount of \$		is enclos	sed.							
	credit card. Fc		is attached.								
<del></del>	is hereby auth below. A dupl	~		•		. 02-	2448				
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x	ny additional fili	ng or application	n processing t	ees rec	quired under 37 Dated:	7 CFR 1.10 3 July 1, 2					
Susan W Gorm Attorney Reg. N					Dateu.	July 1, 2	2009				
BIRCH, STEWA 12770 High Blu Suite 260 San Diego, Calif (858) 792-8855	RT, KOLASCH	1 & BIRCH, LL	P								